

## **Town of Brookhaven**

# Application for a Mooring Permit Application for a Mastic Beach Dock Permit Pursuant to the Town of Brookhaven Town Code Chapter 8

Applicantly News	Applicant's Telephone Number
Applicant's Name	Applicant 8 Telephone Number
Applicant's Address	City State Zip Code
	( )
Co-Applicant, Agent, or Mooring Installer's Name	Co-Applicant or Mooring Installer's Telephone Number
Co-Applicant, Agent or Mooring Installer's Address	City State Zip Code
Vessel 1: Make Length over All	Draft Vessel Name
Vessel Registration # or Documentation #	Owners Name:
Vessel 2: MakeLength over All	Draft Vessel Name
Vessel Registration # or Documentation #:	Owners Name:
Mooring Application: ☐ Resident ☐ Nonresident ☐	Underwater land Owner
Affiliation Dock Application: New Renew	wal Mastic Beach Resident:
Residency: Town of Brookhaven resident	ch Resident
Mooring Location: (attach a marked chart or map)  Longitude	Latitude
Dock Location: Dock #:ONOSOEOV	V side of
(attach a marked chart or map)	Street Name
feet ONOSOEOW of_	, Mastic Beach
distance in feet	nearest cross street
CERTIFICATION: The applicant, mooring owner and/or installer (if applicable) certi application are true and agrees that the issuance of the permit is b applicant agrees to execute an Affidavit of Indemnity that must be	ased upon the accuracy thereof. As a condition to the issuance, the
Dated:	
Pi4.1	Signature of Mooring Applicant
Dated:	Signature of Mooring Installer (if applicable)
FOR OFFICE USE ONLY:	RECEIVED
☐ Mooring ☐ Mastic Beach Dock ☐ New	☐ Renewal ☐ Wait List
Permit Number: Fee Paid	Cash Check
S.C. Tax Map Number of Dock Property:  District	Section Block Lot
Location:	
Location:  Longitude	Latitude

## A complete Mastic Beach Dock or Town of Brookhaven Mooring application under the Town Code of the Town of Brookhaven must include:

- A signed and completed application. 1.
- 2. The complete fee as required.
- A copy of the vessels' registration or documentation papers. 3.
- 4. An accurate description of the mooring system (if requesting a mooring permit) to be employed indicating the type and weight of the anchor, the length of the chain, and the size and type of the mooring buoy (form included); or an accurate description of the dock (size and width).
- The exact location of the dock or mooring placed on a navigational chart, map or survey. Must 5. include a verbal description as indicated on the application form. Mooring applications must indicate the longitude and latitude of the mooring location.
- 6. A notarized affidavit of indemnity signed by the applicant.
- 7. Proof of residency (a copy of a tax bill).
- A statement of authority (completed owner's consent form) from the applicant for any agent 8. making application, if applicable.

### **OWNERS CONSENT**

(TO BE SIGNED ONLY IF SOMEONE OTHER THAN THE VESSEL OWNER IS MAKING APPLLICATION ON BEHALF OF THE APPLICANT)

Please be advised that I am the applicant for the placement of a mooring or the use of a dock located in Mastic Beach. I have read the application requirements for a permit as required by Chapter 8 of the Town Code of the Town of Brookhaven, signed the application and I have read carefully, completed and signed in front of a notary The Affidavit of Indemnity.

I hereby consent to	(Name of Agent)
(Firm name/corporate name)	to make application and provide the necessary
Brookhaven.	a for a permit as required under the Town Code of the Town of agent should receive copies of all correspondence and a copy of the permit.  Sincerely,
	Mooring applicant
	Dated

Fees:

Mooring Fee under Chapter 8: Mastic Beach Dock Fee, per dock.

\$274.97

\$274.97

Checks should be made out to the Town of Brookhaven and submitted with your application. All fees are nonrefundable except in the case where permits are not issued due to lack of mooring or dock availability.

Applications must be mailed to: Town of Brookhaven, Division of Environmental Protection, One Independence Hill, Farmingville, NY 11738.

AFFIDAVIT-OF-INDEMNITY
Mooring User/Dock Permittee
Please read carefully.

Ι,,	, hereinafter referred to as applicant, residing at			
County of, State of obtaining a mooring permit or Mastic Beach Dock Permi herein having been duly sworn does hereby depose and s	, for the purposes of t pursuant to the Town Code of the Town of Brookhaven, tate that:			
of Brookhaven, its employees, agents, servants and publications, claims and damages whatsoever for any loss to person or persons, arising out of or due to intentional, with applicant. Additionally, I acknowledge, that by the issuate employees, agents, servants and public officers assumes adequacy or sufficiency of the mooring system, equipme	llful or negligent acts or omissions of the above-named ince of this permit, the Town of Brookhaven, its no responsibility and makes no representations as to the int, tackle or anchors or to the adequacy and sufficiency of applicable, and that I, as the applicant, is responsible for			
regulatory permits as required by the Town of Brookhave	concede that should I not comply with this requirement, I			
IN WITNESS WHEREOF I have hereto set my h	and this,			
	applicant			
State of}				
County of}				
On the day of	, before me personally came			
	me known to be the individual described in and who			
executed the foregoing instrument, and (s)he thereupon of	duly acknowledged to me that (s)he executed same.			
Notary Public				
·				

## · AFFIDAVIT-OF-INDEMNITY

# MOORING INSTALLER Please read carefully

·		1 icas	e identify your official title (corpora	ate officer or member of part	nership),
(Corporate name)		or firm knov	vn as		,
Located at					
$\mathbf{f}_{\underline{}}$					
btaining a permit pursuant to					
n behalf of		, (the own	ner identified in sai	d application), h	naving been
uly sworn I hereby depose and			•	i.	
In consideration of the i	issuance of said	permit, the moorin	g agent/installer do	es hereby agree	to indemnif
nd hold harmless the Town of	Brookhaven, its	s employees, agent	s, servants and publ	lic officers of th	e Town of
rookhaven, against any and al	ll actions. Claim	ns, and damages wh	natsoever for any lo	ss to property of	r bodily or
ersonal injuries or to death of	any person or pe	ersons, arising out	of or due to the inte	entional, willful	or negligent
cts, or omissions of the above	named mooring	g installer/agent. A	dditionally, the mo	oring agent/inst	aller
cknowledges, that by the issua					
ublic officers, assumes no resp	-	•	•	_	
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## AFFIDAVIT-OF-INDEMNITY

Permittee
For yacht clubs, marinas, associations and other corporations.
Please read carefully.

Ι	· · ·	Please ider	ntify your official title (corporate offic	eer or member of partnership),
			as	
(Corporate name	)	*		
Located at		, Cour	ity of	, State
	•	,		of obtaining a mooring
permit or Mastic Beach Doc	k Permit pursuant to the	he Town Code of t	he Town of Brookha	aven, herein having been
duly sworn does hereby dep	ose and state that:			
In consideration of the	he issuance of said per	mit, I do hereby as	gree to indemnify an	d hold harmless the Towr
of Brookhaven, its employee	es, agents, servants and	d public officers of	f the Town of Brook	haven, against any and all
actions, claims and damages	whatsoever for any lo	oss to property or b	oodily or personal inj	uries or to death of any
person or persons, arising or	ut of or due to intention	nal, willful or negl	igent acts or omissic	ons of the above named
mooring owner. Additional	ly, I acknowledge, tha	t by the issuance o	f this permit, the To	wn of Brookhaven, its
employees, agents, servants	and public officers as:	sumes no responsi	bility and makes no i	epresentations as to the
adequacy or sufficiency of t	he mooring system, ec	quipment, tackle or	anchors and that I a	m responsible for
determining the adequacy of				
	REOF I have hereto se	et my hand this	day of	
	·		······································	
		·	Mooring app	plicant
			•	
			,	
State of County of	) ) ss.:		•	
County of	)			
On the day	y of	·	before me personally	came
	to me k	known, who being by i	ne duly sworn did depos	e and say that (s)he resides at
		,	; that (s)he is the	of
•	, the corporati			
knows the seal of said corporation			<u>-</u>	was so affixed by order of the
Board of Directors of said corpora	ation and that (s)he signed	his name thereto by li	ke order.	
		. , , <u></u>		
			Notary Public	
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